PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/591.112 Filing Date TRANSMITTAL June 9, 2000 Robert H. Hutchins, Jr. RECEIVED First Named Inventor **FORM** Art Unit 3711 **Examiner Name** SEP 1 9 2005 Vishu K. Mend ratta (to be used for all correspondence after initial filing) Attorney Docket Number HUTCP0101U U.S. PATENT AND TRADEMARK OFFICE BOARD OF PATENT APPEALS Total Number of Pages in This Submission AND INTERFERENCES **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC **V** Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Credit Card Payment Form Request for Refund **Express Abandonment Request** PTO-2038 CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) RECEIVED Reply to Missing Parts/ Incomplete Application Reply to Missing Parts SEP 1 9 2005 under 37 CFR 1.52 or 1.53 TECHNOLOGY CENTER R3700 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Renner, Otto, Boisselle & Sklar, Signature Printed name Donald L. Otto Date Reg. No. 9/9/05 22,125 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an epvelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Donald L. Otto

Typed or printed name

Under the Panerwork Reduction Act of	SEP 1 2 2005	U.S. Patent and Tra	PTO/SB/17 (12-04) approved for use through 07/31/2006. OMB 0651-0032 ademark Office; U.S. DEPARTMENT OF COMMERCE community of the control number		
Effective on 12	/08/2004. 17 Programme	Complete if Known			
Fees pursuant to the Consolidated Appl		Application Number	09/591,112		
FEE TRAN		Filing Date	June 9, 2000		
For FY	2005	First Named Inventor	Robert H. Hutchins, Jr.		
	-t C 27 OFD 4 07	Examiner Name	Vishu K. Mendiratta		
Applicant claims small entity st		Art Unit	3711		
TOTAL AMOUNT OF PAYMENT	(\$) 300.00	Attorney Docket No.	HUTCP0101US		
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order None Other (please identify):					
Deposit Account Deposit Account Number: 18-0988 Deposit Account Name: Renner Otto Boisselle & Sklar LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee					
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FEE CALCULATION					
	NG FEES SEAF Small Entity	Small Entity	MINATION FEES Small Entity (\$) Fee (\$) Fees Paid (\$)		
FILII Application Type Fee (Small Entity	Small Entity	Small Entity		

	FILING	FEES Small Entity	SEARCI	⊣ FEES Small Entity		TION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	·
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE Fee Description	S						Small Entity Fee (\$) Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims **Total Claims Multiple Dependent Claims** Extra Claims Fee Paid (\$)

- 20 or HP = 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee (\$) Indep. Claims Extra Claims Fee Paid (\$) 100 3 = <u>\$300</u> - 3 or HP =

HP = highest number of independent claims paid for, if greater than 3

3.	APP	LICA	TION	SIZE	FEE
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If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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SUBMITTED BY	/			. ()	-	
Signature		2 ch	ul	K (The	Registration No. 22, 125	Telephone 216-621-1113
Name (Print/Type)	Dona	ald L.	Otto			Date 9/9/05

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